

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 19 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10122006 REIN-P CR2E098 (11/05)

4. FEI Number **61-1488572** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

LAKS, ROBERT D.  
1 KARLSTAD PLACE  
PALM COAST, FL 32164

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Robert Laks*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/17/06

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2007, Fee will be \$900.00**

## 10. OFFICERS AND DIRECTORS

TITLE DPT ☐ Delete  
NAME LAKS, ROBERT D.  
STREET ADDRESS 1 KARLSTAD PLACE  
CITY-ST-ZIP PALM COAST, FL 32164

TITLE DVS ☐ Delete  
NAME RILEY, JESSICA L.  
STREET ADDRESS 1 KARLSTAD PLACE  
CITY-ST-ZIP PALM COAST, FL 32164

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 400081030084  
STREET ADDRESS 10/19/06--01039--025 \*\*750.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Robert Laks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/06 (386)562-0111

Date

Daytime Phone #